

**Aging and Disability Services of Seattle-  
King County**  
**December 2003 Subcontractor Survey**

Launch Date: 12/2/2003
Closed Date : 1/5/2004
Total Invitations: 150
Total Respondents: 41

1.	In your interaction with ADS, which of the following best describe your role:	<i>Number of Responses</i>	<i>Response Ratio</i>
	Agency director	16	39%
	Manager/coordinator	18	44%
	Fiscal or financial staff	3	7%
	Program planner	0	0%
	Client service staff	2	5%
	Information technology (IT) staff	0	0%
	View Other, Please Specify	2	5%
	<b>Total</b>	41	100%

2.	How satisfied are you, overall, with ADS services? Please answer using the rating scale where 5 means "extremely satisfied" and 1 means "very unsatisfied."	<i>Number of Responses</i>	<i>Response Ratio</i>
	Very Unsatisfied 1	2	5%
	Unsatisfied 2.	0	0%
	Somewhat Satisfied 3.	16	39%
	Very Satisfied 4.	23	56%
	<b>Total</b>	41	100%

**3. For specific ADS services or functions, how satisfied are you on a 1-4 scale where (1) means "very unsatisfied" and (4) is "very satisfied"? Select "N/A" if don't know or never used**

Percentage Indicates total respondent ratio and parenthesis indicate actual number	1 Very Unsatisfied	2	3	4 Very Satisfied	N/A
a. Reimbursement of invoices	3% (1)	5% (2)	18% (7)	58% (22)	16% (6)
b. Assisting you in solving programmatic problems or issues.	3% (1)	3% (1)	33% (13)	57% (22)	5% (2)
c. Assisting you in meeting data and reporting requirements.	2% (1)	5% (2)	39% (16)	49% (20)	5% (2)
d. Responding to your questions about your program operations.	2% (1)	2% (1)	27% (11)	66% (27)	2% (1)
e. Providing suggestions or ideas on your program.	2% (1)	5% (2)	39% (16)	44% (18)	10% (4)
f. Communicating program guidelines, policies and procedures.	3% (1)	3% (1)	46% (18)	48% (19)	3% (1)
g. Informing elected officials and the community about issues and funding affecting older adults and people with disabilities.	3% (1)	8% (3)	35% (14)	25% (10)	30% (12)
h. Addressing the needs of under-served groups.	3% (1)	3% (1)	38% (15)	38% (15)	20% (8)
i. Allocating funding to services, programs, or agencies.	5% (2)	10% (4)	34% (14)	39% (16)	12% (5)
j. Providing opportunities for providers to give input in developing ADS policies and directions.	0% (0)	15% (6)	29% (12)	44% (18)	12% (5)

4. Considering your experience in the past 12 months with ADS services, please rate your agreement with each statement below on a 1-4 scale. (4) means "Completely agree," (1) is "Completely disagree." Choose one rating only per statement

Percentage Indicates total respondent ratio and parenthesis indicate actual number	1 Completely disagree	2	3	4 Completely agree	N/A
a. The ADS telephone receptionist is friendly and helpful.	0% (0)	2% (1)	15% (6)	44% (18)	39% (16)
b. ADS' financial staff is knowledgeable and helpful.	2% (1)	0% (0)	17% (7)	54% (22)	27% (11)
c. My assigned ADS Program Specialist(s)--sometimes called program monitor, contract specialist--is accessible and responsive.	5% (2)	0% (0)	10% (4)	73% (29)	13% (5)
d. My assigned ADS Program Specialist(s) is very knowledgeable and informative	2% (1)	2% (1)	17% (7)	68% (28)	10% (4)
e. ADS IT staff is knowledgeable and responsive to my program needs.	5% (2)	0% (0)	31% (12)	41% (16)	23% (9)
f. ADS planners are a useful resource (e.g. census data etc.) and is responsive to my needs.	0% (0)	2% (1)	17% (7)	46% (19)	34% (14)

5. Are there any problems that have not been resolved to your satisfaction?

	<i>Number of Responses</i>	<i>Response Ratio</i>
No	33	80%
If Yes. Please Specify	8	20%

<b>Total</b>	41	100%
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6. How can ADS be helpful to you in the future?  
 7. Is there anything you would like to tell ADS about our services that was not already asked in the survey?

Unedited responses to Questions 6 & 7 have been combined and are listed below under topical headings:

Provider Comments	ADS Response
<p><b>Interface With Case Management</b></p> <ol style="list-style-type: none"> <li>1. ADS Case Managers need to make timely corrections of their approved client hours and other data that affect agency payments.</li> <li>2. Case Managers do not notify agency of changes, slow .....</li> <li>3. "It would be helpful if case managers would notify agency personnel when clients are switched to a new case manager also case managers <i>are</i> slow to add authorized hours to computer system to ensure payment from the State. <i>Case Managers are</i> slow to return phone calls and maintain communication unless it's a requirement."</li> <li>5. Case Loads are too high and staff is not able to do as much as they once did.</li> <li>6.(ADS) is losing experienced, excellent staff and it (<i>this</i>) lowers the quality of the services Correction of miss-entered data by case managers</li> </ol>	<p>1-6. Thank you for your comments, this has been a challenging area for us this year. ADS Case Management administration will work with case managers to maintain better contact and follow-through with Home Care provider agencies. ADS also will work to improve the timeliness and accuracy of case management data in SSPS. We are pleased that the State Legislature is providing an increase in funding for the Case Management programs to lower caseload size in the 2004/2005 state budget.</p>
<p><b>Delayed Response Time by ADS Program Specialists</b></p> <ol style="list-style-type: none"> <li>1. When a program specialist is half time might there be a back-up person?</li> <li>2. Due to limited number of ADS personnel, sometimes my question has a delayed response time</li> </ol>	<p>1-2. We want to be responsive to your needs. If your Program Specialist is not available, please direct your question(s) to the Contracts Manager, Georgiana Arnold (206) 684-0697.</p>
<p><b>Information/Communication</b></p> <ol style="list-style-type: none"> <li>1. Information gets bottlenecked in ADS and tends to trickle down to the "subs" (sub-contractors). I think that a monthly information sharing that includes the subs would be helpful.</li> <li>2. Release of information needs to be coordinated; specifically the Medicare/Medicaid Integration project should have been timed to minimize staff reaction to this potentially threatening development.</li> <li>3. ADS needs to find more meaningful ways to solicit client and provider input into its planning processes.</li> </ol>	<p>1. Thank you for your interest, we will take your suggestion to heart. Currently, ADS communicates with its provider partners in a variety of ways including e-mail, letters, phone calls, and our web-site at: <a href="http://www.seattle.gov/humanservices/aging/">http://www.seattle.gov/humanservices/aging/</a></p> <p>Click on the tab entitled, Seniors and Adults with Disabilities.</p> <p>2.The DSHS Medicaid Integration project (Snohomish County only) has been delayed three times since the original announcement. We are challenged by the need to communicate accurately on program status in a fast-changing environment. The State's web site is the most current source of information &lt;<a href="http://www.dshs.wa.gov/">www.dshs.wa.gov/</a>&gt;. The CMS Medicare integration pilot project has yet to be confirmed by the federal government.</p> <p>3. ADS solicits client and provider input by conducting focus groups, through site visits by the Advisory and Planning and Allocation committees, via the ADS website, e-mail, and letters.</p>

<p><b>Fiscal/ Billing</b></p> <ol style="list-style-type: none"> <li>1. People working support billing need to be aware that Supplemental billings will happen and they are generally created by case managers not getting their data into system in a timely manner</li> <li>2. Timely payment of reimbursement vouchers</li> </ol>	<p>1-2. The recent revision of the Home Care Billing Procedure allows provider agencies to submit an invoice to the contract specialist at the beginning of the month. This invoice will be paid up to the authorized hours. If the provider agency has to make an adjustment to the initial invoice, the payment will be made in the next billing cycle. This revised procedure will result in more timely payments to the agencies.</p>
<p><b>Funding Issues</b></p> <ol style="list-style-type: none"> <li>1. Inadequate funding to meet the demand</li> <li>2. Money to work with grand parents under sixty</li> <li>3. More dollars for nutrition,” ADS needs to get more funds to fight hunger</li> <li>4. We need more transportation facilities to get seniors to nutrition programs</li> <li>5. “I would hope that ADS staff fight for funding that directly affects the client (CHORE Services)</li> <li>6. Continue to urge the City Council and the Mayor to provide funding for the senior population. Agencies need more money than is allocated ...ADS should advocate to increase funding to the</li> <li>7. I &amp; A and Nutrition programs</li> <li>8. Washington suffers from hunger but no dollars</li> <li>9. Continue to provide physical and mental health opportunities for ethnic elders. Post these activities in your newsletters and calendars.</li> </ol>	<p>1-8. The concerns raised about funding for the family caregiver, nutrition, transportation and other services will be shared with the Advisory Council and the Planning and Allocation Committee. Federal and State contracts provide most of the funding for ADS services. City of Seattle funds represent a small proportion of ADS revenue. Unless the local economy improves dramatically, in 2005 City of Seattle revenue available for Human Services will continue to decline. On the plus side, the Legislature is allocating new dollars for grandparent support services (grandparents under 60 years old) and the USDA Senior Farmers’ Market program is funded through 2005. Our work with King County Metro continues to yield improved services/vans for seniors,</p> <p>9. The African American Elders Outreach Program is one example of ADS’ work to improve the health of the county’s elders of color. Other examples include the Diabetes Registry and the PEARLS (depression intervention) project. The ADS website at <a href="http://www.seattle.gov/humanservices/aging/">www.seattle.gov/humanservices/aging/</a> has details about this project and other ADS programs.</p>

<p><b>Home Care</b></p> <ol style="list-style-type: none"> <li>1. How to call HCATT from clients' (homes) that have no phones</li> <li>2. January 9/04 deadline for December (Home Care) hours is not possible!</li> </ol>	<ol style="list-style-type: none"> <li>1. If the client does not have a phone or, if the client has a rotary phone or special service, the provider does not have to use HCATT. Please alert the HCATT Team if one of your clients is exempted from using HCATT.</li> <li>2. The January 9 deadline was a requirement for all City of Seattle Departments.</li> </ol>
<p><b>Home Care Referral</b></p> <ol style="list-style-type: none"> <li>1. Disparity in the number of cases referred to some agencies</li> <li>2. Reduce the paperwork, create or modify a HCRS that gives all provider agencies equal benefit from the process</li> </ol>	<ol style="list-style-type: none"> <li>1. ADS will continue to monitor the referral pattern for Home Care agencies using the revised automated referral system. We want to ensure that Home Care referrals reach all providers.</li> <li>2. The HCRS is currently being revised to help ensure better service to provider agencies. The revisions will be completed by Fall.</li> </ol>
<p><b>Praise for ADS Staff</b></p> <ol style="list-style-type: none"> <li>1. Generally high marks, ADS staff always very helpful,</li> <li>2. Have enjoyed the collaborative relationship we have developed for caregiver program</li> <li>3. I am really pleased with the level of support that we get from ADS; it is the best of any City or County Department</li> <li>4. We are completely satisfied with the services we are currently receiving</li> <li>5. Don't Change Anything</li> </ol>	<p>Thank you! ADS is committed to providing excellent service to our community partners and the people they serve!</p>